

APPLICATION / PERMIT
TO CLOSE AN ANIMAL
WASTE STORAGE FACILITY

GRANT COUNTY LAND & WATER
CONSERVATION DEPARTMENT
150 W ALONA LANE
LANCASTER, WI 53813
PHONE: 608-723-6377 ext. 101

Applicant _____ Date _____

Address _____ Phone No. _____

Township _____ Section No. _____ Govt. Lot _____ 1/4, _____ 1/4

Permit No. _____ Fee _____

Does attached plan include:

- 1.) Plan view of facility and its location in relation to buildings within 250 feet and homes within 500 feet?
- 2.) North arrow, scale of drawing, legal description of proposed facility, description?
- 3.) Construction specifications including, but not limited to, earth fill, excavation & spoil spreading?
- 4.) Location of any wells within 500 feet of facility?
- 5.) Location and distance of facility to a body of water (if within 500 feet), and provisions for adequate drainage and control of runoff?
- 6.) Time schedule for closure of the facility?
- 7.) Nutrient management plan?

YES

NO

On site assistance provided? Yes _____ No _____ By: _____ Date _____

Attached plans reviewed By: _____ Title: _____

Plans approved: Yes _____ No _____ Name: _____ Date _____

Permit expires: _____ Permit extension dates: _____

Property owners statement:

The undersigned hereby makes application for a permit to close an animal waste storage facility on the property herein described. The work to be performed is described in the attached plan. The undersigned agrees that all work shall comply with all applicable animal waste storage facility standards outlined in standards 313 and 634 of the U.S.D.A. Natural Resource Conservation Service Technical Guide and all other applicable County Ordinances and the laws and regulations of the State of Wisconsin. Facilities for which permits are issued shall be operated and managed in accordance with Standard 590 of the Technical Guide.

The undersigned also agrees to certify in writing, upon installation of the facility that the facility was closed as planned. Deviations from the original plan must be reviewed and approved by the Grant County Land and Water Conservation Department prior to closure. The Grant County Land and Water Conservation Committee or its staff shall be allowed upon lands affected by this ordinance to inspect the land prior to or after permit issuance to determine compliance with this ordinance.

Permittee's signature _____ Date _____

FOR OFFICE USE:

Application & Plans Received, Date: _____

Application Received By: _____

ditional Information Rec'd., Date _____

Reviewed By: _____

Fee Received, Amount, Date: _____

Permit Issued, Date: _____

Paid By Check: _____ Cash: _____

Permit Denied, Date: _____

Received From: _____

Add'n Info Request, Date: _____

Construction Certification Received, Date: _____

Reason For Denial:

STAFF NOTES ON PROJECT

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.